

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 10, 2019

Case Number: 19-68

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Chris Hummel DVM

Premise Name: Westbrook Animal Hospital

Premise Address: 9163 W. Union Hills Drive Suite # 108

City: Peoria State: AZ Zip Code: 85382

Telephone: 623-825-9170

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Sandra Sperzagni

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

APR 10 2019
BY [Signature]

C. PATIENT INFORMATION (1):

Name: Bruno
Breed/Species: Cocker Spaniel Mix
Age: 9 Sex: Male Color: White

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.
Bruno was taken to Sunburst Animal Hospital on 03-25-2019 and seen by Dr. Jessica Reed DVM @ 5032 W. Thunderbird Rd. Glendale AZ 85306 , phone number 602-938-1860.
That same day Bruno was taken to Midwestern University Animal Clinic @ 5715 W. Utopia Rd. Glendale, AZ 85308 and seen by Jared Jaffey DVM , phone number 623-806-7387.
These 2 clinics treated Bruno as an emergency on the next day of the visit with Dr. Hummel. He was admitted as an inpatient at Midwestern University on Monday 03-25-2019 and was discharged on Thursday 03-28-2019. He was immediately diagnosed with IMHA as soon as we walked thru the door at Sunburst on Monday 03-25-2019 without even a blood test. He showed all the symptoms of the illness.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Spouse: Carlos Sperzagni Glendale, AZ
All staff at Sunburst and Midwestern University

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Andrea Sperzagni

Date: 4-7-2019

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I noticed Bruno was not feeling well on Friday 03-22-2019. He was alert and active just didn't want to eat. We thought it was just an upset stomach and we would give it 48 hrs. On Saturday he refused to eat but still going outside, I was not very concerned. He likes to chase birds and I did see feathers in the yard and thought he had possibly eaten one. He is an inside dog, but likes to go out at night and look out for next door neighbors cats.

On Sunday, I noticed he was a bit lethargic, not moving around much or getting up from his bed. He did not vomit or have diarrhea. I decided to look for a vet open on Sunday. I took to Westbrook. Bruno also had an eye infection, like pink eye in humans.

Dr. Hummel saw him and recommended blood work, x-rays, and a corneal stain, IV fluids, an injection for nausea, eye drops, and take home medication. I, of course, agreed to the x-rays, I thought he had eaten a bird, but then again, I am not a vet. X-rays were taken and he came back saying that he didn't see any bird remains or anything else he could have eaten. He said he had pancreatitis, some how he knew this without blood work. Bruno's gums were already pale, Dr. Hummel said it was dehydration. Dr. Hummel never insisted on the blood work, it didn't seem like it was a concern

and actually needed at the time. He was given IV and an injection for nausea.

When the vet technician came back to the room, she asked me what I wanted to have done, I first refused the cornea stain.....she said...it's important because he can loose his vision if he has something serious going on with his eye.

I agreed to do it, of course, if they say it's that important.

So, if the cornea stain was important, according to the clinic, why wasn't the blood work as important. All the signs of IMHA were missed. I would expect a vet to recognize the signs of such a terrible illness so common in Cocker Spaniels.

Or at least be concerned and insist on blood work, if he would have mentioned IMHA to be a possibility, I would have done the blood work. The bill came to \$583.82 and my dog left there with an incorrect diagnosis.

I took him to Sunburst the next day, he was almost lifeless, he was put into the oxygen chamber and even without blood work, the vet said IMHA. Blood was done and it was IMHA. He was given steroids. The vet told me, he would probably not survive, he needed blood transfusions, that's how fast he went down hill from Sunday at Westbrook to next day at noon. I decided to give a chance at life. All records were sent to Midwestern, he was having a blood transfusion there at 6 PM on Monday. He did also develop a blood clot. There was a 50/50 chance he would make it. He is home now, his red blood cells are on the low side last we checked blood yesterday at 35. He will need expensive

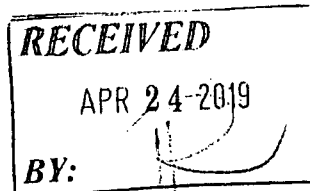
medications for about 4-6 months and he can have a relapse. I love this dog, he was a stray and I could not have put him down without a fight. The bill at Midwestern is so far at \$2900, plus the Sunburst bill, plus the Westbrook bill.

I do not regret saving this dog, I don't care what I had to spend to do so but I am upset that the signs were missed and all of this suffering could have been avoided. He did not have pancreatitis, blood work at Sunburst showed no signs of it. I did call Westbrook and asked for a manger but I got a voice mail from Dr. Hummel that said....I'm calling you, "real quick" about Bruno and about the blood work that "I" recommended....I did not have a chance to talk to Dr. Hummel. I called him yesterday but he was in surgery. I feel that, since they have the owner decide what to have done or not have done is an easy way to avoid any responsibility to what can happen to your dog. We go for direction on what to do, not to have to decide for ourselves. He missed the signs and that's all there is to it.

Thank you

*I did finally talk to Dr Hummel
he called on Thursday after I typed
this letter. He said
"I am sorry I missed it."*

19-68



Personal Narrative Statement

Bruno was presented on Sunday, March 24th at 10:30 am with a 2-day history of lethargy, inappetence, and possible eye infection after eating a bird. He had not been drinking water for 24 hours and was not interested in food provided, neither dog food nor people foods. He was one of 10 dogs in the home. No vaccine records nor prior medical records were provided.

On presentation, Bruno was depressed but responsive, 6-8% dehydrated on skin turgor and his mucus membranes were noted to be tacky and mildly pale pink with a normal CRT (capillary refill time). There was a mild amount of periodontal disease. His left eye had a copious amount of green mucopurulent discharge and a prolapsed nictitans gland with a dry corneal appearance, dorsal corneal vascularization and a focal area of corneal edema with a 2mm * 3mm corneal defect. His abdomen was tense to palpation and he was splinting for palpation which did not allow for good palpation. His heart rate was mildly elevated for his physical state.

Given the history of dietary indiscretion, I recommended Cerenia®, SQ fluids, blood work, radiographs and a corneal stain. The treatment plan was presented by my assistant, Emma Floyd. As noted in the medical record, the owner declined the recommended blood work stating she could have that performed at her regular vet the next day. The corneal stain was initially declined but after her discussion with my assistant, Emma, she approved the stain.

The corneal stain showed that the visible corneal defect was in fact a superficial corneal ulcer. Radiographs showed mild hepatomegaly, some gas in the stomach and small intestines, some feces in colon, loss of serosal detail in the cranioventral abdomen but no masses nor evidence of bird bones or other radiopaque foreign material. These findings were consistent with a presumptive diagnosis of gastroenteritis or pancreatitis. The owner was advised of these findings and advised that the blood work could confirm if Bruno had pancreatitis or just a gastroenteritis secondary to ingestion of the bird.

Bruno was given 500ml of subcutaneous fluid and 20mg of Cerenia® (10mg/ml) by subcutaneous injection. He was started on tobramycin ophthalmic drops (1 drop every 4 hours) and sent home with Cerenia® 24mg to be started tomorrow.

Dr. Julia Wiederholt, my associate veterinarian called Mrs. Sperzagni the next day, March 25th, but we could only leave a message checking on Bruno's progress. Sunburst Animal Hospital called for records on March 25th as well. I then received a message on March 27th from Mrs. Sperzagni claiming that she had never been offered blood work and felt that we were trying to overcharge her. The message also informed me that Bruno was diagnosed with IMHA. I called her back on the same day but had to leave a message in which I reminded her that I had offered blood work which she declined.

When I spoke with Mr. Sperzagni on April 1st, Bruno was doing well but Mrs. Sperzagni was unavailable. I did speak with Mrs. Sperzagni on April 3rd at 7:07pm. At that time, she reported that his blood count had improved. She had taken him to Sunburst Animal Hospital on Monday because he was even worse. He could barely get up and go outside and he was much paler. They ran a PCV which was 18% and she was given a lot of warning about his problem. She advised me that he was tested for pancreatitis and was negative. She had then taken him to Midwestern University for a blood transfusion. She stated that she was upset that I did not insist on the blood work and did not discuss the possibility of IMHA with her. I again reminded her that I had recommended blood work which she declined. In response,

Personal Narrative Statement

she insisted that I should have known this was IMHA and forced her to do the blood work. I advised her that I will make recommendations based on what I think is best for her and ultimately the choice to follow my recommendations are up to her.

Despite our cordial conversation, Mrs. Sperzagni blamed me for missing his diagnosis since he "obviously had IMHA" from what the other vet at Sunburst had told her. She insisted it was my fault she had to spend \$4000. I told her that I was sorry the diagnosis was not made and tried to explain that the diagnosis would have been made if she had approved the blood work that I recommended.

In closing, I do not feel that any of the care I provided fell below the standard of care and honestly believe that this complaint would not have been filed had the owner authorized the recommended blood work which she expressly declined.

Thank you

W. Chris Hummel Jr., DVM



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook, Compliance Specialist
Sunita Krishna, Assistant Attorney General

RE: Case: 19-68
Complainant(s): Sandra Sperzagni
Respondent(s): W. C. Hummel, D.V.M. (License: 4089)

SUMMARY:

Complaint Received at Board Office: 4/10/19
Committee Discussion: 6/11/19
Board IIR: 8/21/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On March 24, 2019, "Bruno," a 9-year-old male Cocker Spaniel mix was presented to Respondent for exam due to lethargy and inappetence after possibly eating a bird. Diagnostics and treatments were recommended; Complainant approved radiographs and declined blood work at that time.

A presumptive diagnosis of gastroenteritis or pancreatitis was made and the dog was administered SQ fluids and discharged with Cerenia.

The following day, the dog was presented to Sunburst Animal Hospital due to no improvement and respiratory distress. In-house blood work was performed and autoimmune hemolytic anemia was suspected. The dog was transferred to Midwestern University for treatment.

Complainant was noticed and appeared.
Respondent was noticed and appeared with Counsel David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sandra Sperzagni*
- Respondent(s) narrative/medical record: *W. C. Hummel, Jr, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Sunburst Animal Hospital and Midwestern University*

PROPOSED 'FINDINGS of FACT':

1. On March 24, 2019, the dog was presented to Respondent due to lethargy and anorexia. Complainant also thought the dog may have an eye infection. The dog had a history of eating birds which Complainant felt could be the cause of the dog's symptoms. There were 10 other dogs in the home and no other dog was showing these symptoms.
2. Upon exam, the dog had a weight = 23.2 pounds, a temperature = 101.4 degrees, a heart rate = 156bpm and a respiration rate = 32rpm; BCS = 5/5. The dog was depressed and minimally responsive with mild pale pink, tacky mucous membranes – possibly icteric. He was 6 – 8% dehydrated based on skin turgor. The dog also had copious, green, mucopurulent discharge and prolapsed nictitan gland to the left eye. There was a dry corneal appearance, dorsal corneal vascularization to a focal area of corneal edema with a 2 – 3mm focal corneal defect. The abdomen palpated tense; no masses but splinted on palpation.
3. Respondent's assessment was GI foreign body, pancreatitis, hepatitis, enteritis, gastroenteritis, dietary indiscretion, dietary intolerance, other. A treatment plan that included Cerenia, SQ fluids, blood work, radiographs and a corneal stain was presented to Complainant by Respondent's technical staff member Ms. Emma Floyd. Complainant declined blood work and initially declined the corneal stain but after discussion with Ms. Floyd, Complainant approved the stain.
4. Radiographs were performed and revealed mild hepatomegaly; some gas in stomach and small intestines; some feces in colon, loss of detail in cranioventral abdomen. Corneal stain revealed a 2 – 3mm focal melting ulceration. Respondent discussed the findings with Complainant and that no bird bones were seen, nor radiopaque intestinal or gastric foreign bodies, hepatic and splenic silhouettes were normal. Respondent suspected pancreatitis which may require hospitalization. He also discussed corneal ulcers and dispensed Tobramycin Ophthalmic drops for treatment. The dog was administered Cerenia 2mLs SQ and 500mLs of LRS SQ and was discharged with the eye drops and Cerenia tablets.
5. On March 25, 2019, due to the dog's worsening condition, Complainant presented the dog to Sunburst Animal Hospital. The dog was now breathing hard, anorexic and more lethargic. Dr. Reed examined the dog and noted very pale mucous membranes, tachypnea and tachycardia. Additionally the dog's left eye had excessive green mucoid discharge. Dr. Reed obtained consent from Complainant to perform in-house blood work and the dog was placed in an oxygen cage while results were pending. At this time, she was able to review the radiographs taken by Respondent; hepatomegaly and splenomegaly were present.
6. Blood results revealed severe anemia with an HCT of 12.5% (manual HCT = 15%), as well as significant leukocytosis, hyperbilirubinemia, hypokalemia, and mild elevations of ALT and ALP. Dr. Reed advised Complainant that her presumptive diagnosis was autoimmune hemolytic anemia based on the clinical signs and blood results. She explained the critical nature of the disease and the dog's severe anemia to Complainant and recommended transfer to a specialist or emergency clinic for a blood transfusion. Complainant declined therefore Dr. Reed administered the dog an IV dose of dexamethasone sodium phosphate and a famotidine injection. She discussed the treatment with Complainant of high doses of steroids and medications to protect the stomach. Complainant left the dog at the premise for continued

oxygen therapy and monitoring and planned to return prior to closing to take the dog home.

7. A couple hours later, Complainant called Dr. Reed to notify her that she was interested in taking the dog to Midwestern University since they had blood products available. Dr. Reed called Midwestern University to confirm and get an estimate of services. She then called Complainant back with the information; the dog and medical records were prepared for the transfer.

8. The dog was presented to Dr. Sender at Midwestern University. Diagnostics were performed and the dog received a blood transfusion and other treatment.

9. On March 26, 2019, the dog's care was transferred to Dr. Jaffey for continued supportive care.

10. On March 29, 2019, the dog was discharged with prednisone, cyclosporine, rivaroxaban, sucralfate, and tobramycin ophthalmic drops.

11. Complainant believes Respondent misdiagnosed the dog which caused the dog to suffer. She would have had the blood work performed if Respondent would have insisted on it.

COMMITTEE DISCUSSION:

The Committee discussed that the medical records supported that blood work was recommended and declined by Complainant. It is hard for a doctor to demand blood work or diagnostics be performed if the pet owner declines them.

Pale pink mucous membranes could have been due to the dog being dehydrated. It was believed by the pet owner and Respondent that the dog's symptoms were due to the dog eating a bird. Respondent discussed the radiographic findings with Complainant.

If blood work had been performed, it is possible that Respondent would have diagnosed the dog with auto-immune hemolytic anemia. However, Complainant stated that she would have blood work performed at her regular veterinarian if the dog did not improve.

It is fortunate that Complainant was monitoring the dog and was able to identify there was a problem and get the care that was needed.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

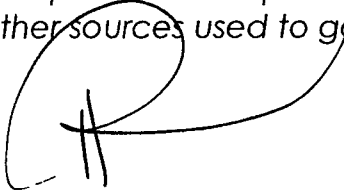
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division